Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3,

| Date: | <u>12-03-2009</u> | Address: | 706 Orchard St. Apt. 3 |
|---|---|--|---|
| Case #: | 24F31008 | | <u>Flkhart, IN 4651</u> 4 |
| County: | <u>Ellc</u> ha <u>rt</u> | | · ———————————————————————————————————— |
| Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) | | Seizure Location (e | eheck all that apply) Hotel/Motel Open – No Structure Other: |
| (check all if ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water F ☐ Anhydr ☐ Hydroci ☐ Corrosi ☐ Corrosi | nd: Location (bedroom, kitchen, open ain apply) n/Ammonia Reaction(s): N/A osphorous/Iodine Reaction(s): N/A able Solvents: Kitchen Reactive Metal (Lithium): N/A ous Ammonia: N/A hloric Acid Gas Generator(s): Kitchen ve Acid: Kitchen ve Base: Kitchen tem and Iocation): N/A | | |
| Child under age 18 discovered (check one) Yes N/A (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agenciation of the Department: Elkhart County | | Investigative Information Lephodrino/Pseudoephedrine Tracking Log Rotail/Merchant Tip Other: Stop and Knock ies that serve the location: Fax: (574)533-4795 | |
| Health Dep | artment: Elkhart County etion Service: N/A | Fax: (574)523-2126 Fax: | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer; <u>Joshua Maller</u> Phone (765) 473-6666 | | | |

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.